## OFFICIAL FILE """#FORMAL COMPLAINT

Has your complaint filed with that office been closed?

**ORIGINAL** 

ILLINOIS COMMERCE COmmission
527 East Capitol Avenue Post Office Box 19280 Springfield, Illinois 62794-9280

JA 5 4 C. C. S.

	For Commission Use Only:
Regarding a complaint	Case 01-005
(Person making the complaint)	
against (Utility name)	
as to a wrongfol charge on	
my account.	
in	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	Place
My mailing address is 1922 ECO 1	1141
The service address that I am complaining about is 1004 S. V.C. COCO28	rgiegave_
My home telephone number is 773 363 0937	
	5364
(Full name of utility company)	utility and is subject to the provisions of
the Illinois Public Utilities Act.	
In the space below, list the specific section of the law, Commission rule(s), or utility tar complaint.	iffs which you think are involved with your
A CONTRACTOR OF THE CONTRACTOR	
Have you contacted the Consumer Affairs Division of the Illinois Commerce Comnthis complaint?	nission aboutNo
Has your complaint filed with that office been closed?	Yes No

Please clearly state what you want the Commission to do in this case.  That the bill of 8/900.00 to be clear of my name and that I not be neld responsible for 10405. Langley.
Date:
(Month, day, and year)
Complainant's signature
If you will be represented by an attorney, please give the attorney's name, address, and telephone number.
you man be represented by an attorney, preuse give the attorney's name, address, and telephone number.
You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must watch you fill out this part of the form.
I, Ami Ay 1 Gw G, first being duly sworn, say that I have read the above petition and know what
it says. The contents of this petition are true to the best of my knowledge.
All (
(Signature)
Subscribed and sworn/affirmed to before merthis ICIAI, BANT DEC , 16 200.C
LINDA ROSS
Notary Public, Illinois Notary Public, State of Illinois

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts

involved with your complaint. Use an extra sheet of paper, if needed.

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

cc207/07

NOTE: